Case Study

Introduction
After the family, the school environment has the most important influence in a child’s life in promoting social, emotional and academic development [3]. As children start and progress through school they are continually called upon to adapt to new expectations, and therefore, a certain amount of anxiety is to be expected. Many children display inappropriate or problem behaviors in the classroom which can make it difficult for them to learn, cause harm to the child or others and isolate the child from his or her peers [4]. All young children can be naughty, defiant and impulsive from time to time, which is perfectly normal. However, some children have extremely difficult and challenging behaviours that are outside the norm for their age and may be
considered under the purview of Disruptive behaviour disorders. The most common disruptive behaviour disorders include oppositional defiant disorder (ODD), conduct disorder (CD) and attention deficit hyperactivity disorder (ADHD) [2]. These three behavioural disorders share some common symptoms, so diagnosis can be difficult and time consuming. A child or adolescent may have two disorders at the same time. Other exacerbating factors can include emotional problems, mood disorders, family difficulties and substance abuse. The following is a case study of a student with Conduct Disorder (CD) behaviour.

2. Statement of the Problem
Rohan Dutta (this is not the original name), son of Sri Dayal Dutta (this is not the original name), Date of Birth : 27 October 2000 is an 8th grade student of Uttarpara Govt. High School, P.O. Uttarpara, Dist. Hooghly - 712 258, West Bengal. He was admitted in this particular school in Class I and since then he has become a menace for the school. From his early school days he is habituated to use filthy language and wrote those words on black board of the vacant class room as well as showed delinquent behaviour. From his early boyhood, several times he had rubbed naphthalene globule, collected from the urinal, to the body of his classmates. Furthermore repeated truancy; frequent lying; refusal to obey parents, teachers and school authority; aggressive behaviour towards the classmates, junior brother and parents; tendency to use thrown part of cigarettes from the street are some common features of Rohan. Very recently he has started displaying his private parts and showing sadistic behaviour including bullying and physical or sexual abuse of other students in the campus. Rohan is used to receive regular office discipline referrals for so many instances of his misbehavior. His teachers referred him to the School’s Teacher Assistance Team and Discipline Committee to solve the problem.

3. Understanding the Problem and Organizing Support
An inclusive programme was taken by the School Authority to focus on the problems and solutions using a problem-solving and data-based approach. This programme includes the Headmaster and some selected teachers of Uttarpara Govt. High School; Rohan’s Parents; Doctor, Psychiatrist and Counsellor of Howrah District Hospital, Howrah, West Bengal and Institute of Psychiatry, 7, D. L. Khan Road, Kolkata - 700025, West Bengal. This particular programme was started on February 2011.

4. Results and Discussion
I. Intervention with Therapeutic Approach (Medication)
Dr. M. Kundu, MD (PSYCH.), Psychiatrist, Howrah District Hospital, Howrah, West Bengal started medication, from March 2011, for Rohan with Sijodon MD (0.5), Valporate and Risperidone -2 mg one tablet each daily and also referred him to Paramita Patra, Clinical Psychologist, Howrah District Hospital, Howrah, West Bengal for counselling. The medication and counselling programme, with an interval of 14 days follow up, continued up to July 2011 after which Rohan was referred to Institute of Psychiatry for IQ assessment and Diagnostic psychometric studies.

II. Intervention with Psychoanalytic Approach
Psychoanalytic treatment of Rohan was started at Institute of Psychiatry, 7, D. L. Khan Road, Kolkata - 700 025, West Bengal on July 2011 and till date (November 2013) it is continuing. On
September 2011 BGT, RPM (C), Clinical Assessment Test were done on Rohan, the summary of which is listed below.

III. **Test Behaviour:**

The patient was cooperative and communicative. He could follow and execute instructions given to him and could sustain his attention as long as required. He could solve the simple problems on RPM (C). [Remarks: Psychomotor function was relatively fair].

IV. **Test Findings:**

- **R.T.**: Muscular type (Height: 144 cm, Weight: 44 kg, BMI: 21.22, age 12 yrs).
- **Attention**: Rather attentive so long he could / Low level of alertness.
- **Perception**: Relatively fair visuo-motor perception performance.
- **Speed & Accuracy**: Rapid / Relatively fair.
- **Intelligence (IQ)**: 92 ± 5 approx. [Remarks : Intellectually Average].
- **Personality Profile**: Conduct Disorder (Defiant type).

During the counseling programme at Institute of Psychiatry the medication with Sijodon MD (0.5), and Risperidone -2 mg continued for Rohan with some changes or temporary withdrawal of medicine till date, but presently only Risperidone -2 mg (half tablet per day) is prescribed for him. After the detection of Conduct Disorder (CD) behaviour problem, Rohan was referred to a Clinical Psychologist at Institute of Psychiatry for behavioural therapy and PSW for family intervention and group therapy with an interval of two to four weeks.

During this programme tenure, it was revealed that in most of the time of counseling either of the parent was absent and as such parental guidance on analysing the disruptive behaviour and maintaining appropriate strategies to handle the problem was very poor. Furthermore, parental conflict, problems of anger control in family (especially mother), very poor economic condition (and thus the related socioeconomic problems) made the counseling programme a failure. In many occasions during the last two years, it was reported by the counselor that the risk of deeper emotional problems with frequent lying, restlessness, truancy, disobedience, absentmindedness, learning disabilities with very poor academic attainment were enhanced. In addition, Rohan showed tendency to run away from home at least twice during the period of treatment, stealing money from home (mostly to eat food at restaurant), and stealing food from home. It was reported by the school authority on April 2013 that Rohan has stolen money from the bag of his fellow classmate for which school authority imposed suspension on him.

The counselling programme for Rohan and his parents with CD group therapy, contingency management programme, self-monitoring (Individual) programme, parental guidance (targeting study behaviour and reinforcement pattern) programme, medication are continuing till date (November 2013).

V. **Intervention with Humanistic Approach at School**

The inclusive programme for solving the problem of Rohan at Uttarpara Govt. High School was also continuing from his very first day in the school. Initially this programme was done with individual counselling of Rohan in Class rooms, play ground, peer groups etc. Later parental counselling was also included in the programme. After the detection of conduct disorder (CD) behaviour problem of Rohan in 2011 the Headmaster and some selected teachers of Uttarpara Govt. High School started a holistic approach in counselling keeping in mind the socioeconomic and educational background of this particular family. It was seen that stealing habit, frequent
lying, absentmindedness, truancy can be controlled in some occasions with reinforcement through oral praise, enthusiastic behaviour or some very small token gifts.

5. Conclusion
This particular case study was done to identify and solve the conduct disorder (CD) behaviour problem of Rohan Dutta of Uttarpara Govt. High School. The programme was started on February 2011 and it is still continuing as the desirable outcome is not within reach. Although some progressive changes are seen. Recently, Rohan acts in obedience to his teachers’ instructions as well as shows interest in study and the learning disabilities are almost under control. The aggressive behaviour and misconducts are also restrained. Although, truancy, lying, use of slang words, stealing habit are still there, a small, visible change can be perceived. It is noteworthy to mention that presently Rohan shows a very good sense of responsibility and leadership quality in many curricular and co-curricular events of the School.

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References

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